



03-24-03

15 2613

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kellock, Peter Rowan, et. al.)	
)	
Application No.:	09/509,280)	Shawn S. An,
)	Patent Examiner,
Attorney Docket:	LWS10004P0010US)	Art Unit 2613
)	
Associate Docket:	FP1836/cw)	

**AMENDMENT AND RESPONSE TO
NOTICE OF NON-COMPLIANT AMENDMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

With reference to the Office Action dated March 9, 2005, you are requested to amend the claims, as set forth on the following pages, to charge any additional filing fee that may be thus due to Deposit Account No. 23-0785, and to reconsider this application, as amended.

[to next page]

(Signature)
12/3

04/14/2005 BALEXAND 00000005 230785 09509280

01 FC:1201 600.00 DA
02 FC:1202 600.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

02/089280

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	99 minus 20 =	79
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	99	Minus	99	= 0
Independent	10	Minus	6	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

N.E. 1

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	..	=	
Independent	Minus	...	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

3-23-05

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	111	Minus	99	12
Independent	9	Minus	6	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
REGULAR		OR	970
X\$ 9=		OR	X\$18= 1422
X39=		OR	X78= 234
+130=		OR	+260=
TOTAL		OR	TOTAL 2626

OTHER THAN SMALL ENTITY OR

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE